

Please type a plus sign (+) inside this box → □

PTO/SB/10 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**DECLARATION FOR UTILITY
OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))

Attorney Docket Number 007386.0003

First Named Inventor Losio

COMPLETE IF KNOWN

Application Number TBA

Filing Date

Group Art Unit TBA

Examiner Name TBA

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUPPORT STRUCTURE FOR VEHICLE

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign		Foreign Filing Date	Priority	Certificate Copy Attached?	
				YES	NO
V12000A000176	Italy	08-08-2000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

NEWYORK 4166579v1

Please type a plus sign (+) inside this box → ☐


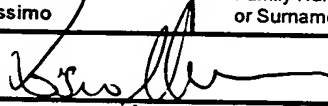
PTO/SB-17 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		<input checked="" type="checkbox"/>	Correspondence address below
Name		Lewis Reff			
		PATENT & TRADEMARK OFFICE			
Address		Coudert Brothers			
Address		1114 Avenue of the Americas			
City	New York	State	NY	ZIP	10036
County	U.S.A.	Telephone	(212) 626-4000	Fax	(212) 626-4120
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so make are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Massimo			
		Family Name or Surname			
		Losio			
Inventor's Signature		**		Date	
				28-06-2001	
Residence: City		State	Country	Citizenship	
Mailing Address		Via Garibaldi, 39 36067 S. Guiseppe Di Cassola (VI)			
Mailing Address					
City		State		ZIP	Country Italy
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Thomas			
		Family Name or Surname			
		Overthun			
Inventor's Signature		**		Date	
Residence: City		State	CA	Country	U.S.A.
				Citizenship	Germany
Mailing Address		82 Valley Street			
Mailing Address					
City	San Francisco	State	CA	ZIP	94110 Country U.S.A.
<input type="checkbox"/> Additional inventors are being named on ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box → ☐

PTO/SB.17 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION – Utility or Design Patent Application

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christopher		Family Name or Surname Cowart	
Inventor's ** Signature		Date	
Residence: City Boulder	State CO	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2310 Juniper Avenue			
Mailing Address			
City Boulder	State Co	ZIP 80304	Country U.S.A.
<input type="checkbox"/> Additional inventors are being named on ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

(Page 3 of 3)



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

- ☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))

Attorney Docket Number 007386.0003

First Named Inventor Losio

COMPLETE IF KNOWN

Application Number TBA/

Filing Date

Group Art Unit TBA

Examiner Name TBA

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SUPPORT STRUCTURE FOR VEHICLE

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign		Foreign Filing Date	Priority	Certificate Copy Attached?	
				YES	NO
V12000A000176	Italy	08-08-2000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto:


I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/026 attached hereto

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

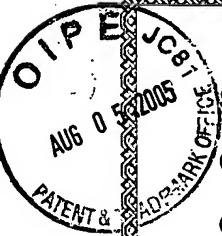
DECLARATION – Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number <input style="width: 100px;" type="text"/>		<input checked="" type="checkbox"/> Correspondence address below	
Name Lewis Reff					
Address Coudert Brothers					
Address 1114 Avenue of the Americas					
City New York			State NY	ZIP 10036	
County U.S.A.		Telephone (212) 626-4000		Fax (212) 626-4120	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Massimo		Family Name or Surname Losio			
Inventor's Signature **			Date		
Residence: City		State	Country		Citizenship
Mailing Address 36067 s. Givesepe di Cassola					
Mailing Address					
City Italy		State	ZIP	Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Thomas		Family Name or Surname Overthun			
Inventor's Signature ** 			Date 06/29/01		
Residence: City San Francisco		State CA	Country U.S.A.		Citizenship Germany
Mailing Address 82 Valley Street					
Mailing Address					
City San Francisco		State CA	ZIP 94110	Country U.S.A.	
<input type="checkbox"/> Additional inventors are being named on ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

DECLARATION – Utility or Design Patent Application

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Christopher		Family Name or Surname Cowart	
Inventor's ** Signature <i>Christopher Cowart</i>		Date 7.9.01	
Residence: City Boulder	State CO	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2310 Juniper Avenue			
Mailing Address			
City Boulder	State Co	ZIP 80304	Country U.S.A.
<input type="checkbox"/> Additional inventors are being named on ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			
<i>July 9, 2001</i>			
<i>July 28, 2001</i> <i>Commission</i> <i>Expiration</i>			
<i>Jack Rose</i> <i>Notary Public</i>			

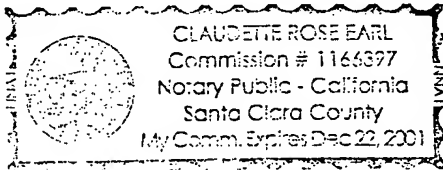
CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT



State of California
County of Santa Clara

On June 29, 2001 before me, Claudette Rose Earl, Notary Public
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Thomas Overthun
Name(s) of Signer(s)

☒ personally known to me - ~~OR~~ ☐ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Claudette Rose Earl
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Declaration: Design Patent.

Document Date: June 29, 2001 Number of Pages: 3

Signer(s) Other Than Named Above: Massimo Lasio, Christopher Cowart.

Capacity(ies) Claimed by Signer(s)

Signer's Name: Thomas Overthun.

- ☒ Individual
☐ Corporate Officer
Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing:

self.

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer
Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here